

Name: _____ License Number: _____ ☐ A ☐ SLP

License Renewal Period: _____ to _____

I certify that the information below is accurate and am attaching supporting documentation (signature required): _____

Continuing Professional Education Activity	Measurement of and Maximum Allowable CE Credits	Documented Proof of CE activity	CE Hours Earned/Date
Giving a new seminar; in-service; lecture or workshop * must be new to the person doing the presentation	1 hour per contact hour* *contact hour = 1 hour of actual presence or participation in course of study ----- <i>Maximum of 10 hours</i>	All of the following for each seminar: <input type="checkbox"/> copies of program <input type="checkbox"/> syllabus <input type="checkbox"/> outline <input type="checkbox"/> bibliography	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Teaching a new graduate course * must be new to the person teaching the course	6 hours for each new course ----- <i>Maximum of 12 hours</i>	All of the following for each new course: <input type="checkbox"/> syllabus <input type="checkbox"/> bibliography <input type="checkbox"/> outline <input type="checkbox"/> verification by institution that course has never been taught by licensee before	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Publication in a national journal of a copyrighted article in Audiology or Speech-Language Pathology	3 hours per publication ----- <i>Maximum of 6 hours</i>	<input type="checkbox"/> copy of published article	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Attendance at seminars; conferences	1 hour per contact hour* *contact hour = 1 hour of actual presence or participation in course of study ----- <i>No limit on hours</i>	<input type="checkbox"/> certificate of attendance OR <input type="checkbox"/> statement of instructor Either document must include: <input type="checkbox"/> name of sponsor <input type="checkbox"/> title of seminar/conference <input type="checkbox"/> location <input type="checkbox"/> date <input type="checkbox"/> signature of program official <input type="checkbox"/> # of CE hours	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Self Assessment Home Study courses *accompanied by an exam *sponsored by a nationally recognized org. in Audiology or Speech-Language Pathology	<i>Maximum of 10 hours</i>	<input type="checkbox"/> copy of official transcript	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Successful completion of graduate coursework *courses taken beyond that required for professional licenses	1 hour per contact hour ----- <i>No limit on hours</i>	<input type="checkbox"/> copy of official transcript	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
		TOTAL CE HOURS:	_____ (<i>minimum: 20 hrs</i>)

CE's hours must be accredited by the NJ Commission on Higher Education or accredited or sponsored by a local, state or national audiology and speech-language pathology professional organization, local, state, or Federal education or health agency or a local, state or national medical, psychological, dental or similar professional organization. Courses accepted for credit by the National Registry on Continuing Education or by ASHA will be given credit by the Committee as set forth in NJAC 13:44C-6.2.